

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6795

=62-029116

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED JUL 31 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. Louis		Length of stay in 1b		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11854 Bellefontaine Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First John		Middle C.		Last Ruff		4. DATE OF DEATH Month 7 Day 9 Year 1962	
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-5-1894		9. AGE (last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supervisor		10b. KIND OF BUSINESS OR INDUSTRY ST. Louis Screw & Bolt		11. BIRTHPLACE (City and state or country) ST. Louis Mo		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME W M Ruff		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Sterling H		Address 11854 Bellefontaine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT 1 Sterling H. Ruff		Address 11854 Bellefontaine					
18. CAUSE OF DEATH (Enter only one cause per line for part I. Death was caused by: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Extensive Arterio-Sclerotic Heart Disease DUE TO (b) 443x DUE TO (c) 1 Year PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 5 Days							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 4 a.m. 30 p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) July 1st 1962		20f. CITY, TOWN, OR LOCATION July 9-62		COUNTY ST. Louis STATE Mo	
21. I attended the deceased from July 1st 1962 to July 9-62 and last saw him alive on July 8-62 Death occurred at July 9-62 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Francis J. Mella		22b. ADDRESS 4118 W. THORISSANT		22c. DATE SIGNED 7/10/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-12-62		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) ST. Louis Co Mo			
24. FUNERAL DIRECTOR O'Sullivan Muehle Kron		ADDRESS 8806 Jennings Rd		25. DATE REC'D. BY LOCAL REG. JUL 10 1962		26. REGISTRAR'S SIGNATURE Roan Smith. M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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